



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Jose Rocca, et al.

Examiner: Leonard M. Williams

Serial No.: 10/086,059

Art Unit: 1617

Filing Date: February 27, 2002

Title: A SUSTAINED RELEASE
PHARMACEUTICAL COMPOSITION

Attorney Docket Number: 540591-7095.1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

REQUEST FOR THREE-MONTH EXTENSION OF TIME

Applicants request a three (3) month extension of time up to and including January 14, 2006, for filing a Response pursuant to 37 C.F.R. §1.111 in the above-referenced case. Please charge the required fee of \$ 1,020.00 pursuant to 37 C.F.R. § 1.17 to our Deposit Account No. 50-2543. In addition, please also charge any additional fees or credit any overpayment associated with this matter to our deposit account.

If there are any questions, please call the undersigned at the telephone number indicated below.

Adjustment date: 09/28/2006 CKHLOK
01/31/2006 HGUTEMA1 00000020 502543 10086059
02 FC:1253 1020.00 CR

Respectfully submitted,

KOS PHARMACEUTICALS, INC.

Karen P. Bechtold

Karen P. Bechtold, Esq.

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Date: 01/26/06

CERTIFICATION UNDER 37 C.F.R. §1.10

I hereby certify that the attached papers are being deposited with the United States Postal service as: Express Mail Post Office to Addressee" Service under 37 C.F.R. §1.10 on 01/26/06 and is addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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T. Oscar Espinosa

01/31/2006 HGUTEMA1 00000020 502543 10086059

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**UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>09/27/06</u>		2 Serial/Patent # <u>10/086,059</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
X	Extension of Time		01/27/06	\$ 510.00
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
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	Maintenance			\$
	Assignment			\$
	Other			\$
			7 TOTAL AMOUNT OF REFUND \$ 510.00	
8 TO BE REFUNDED BY:				
		X Treasury Check		
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		9 501-2543		
10 REASON:				
	Overpayment			
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X	No Fee Due (Explanation):			
Outside max statutory period for reply				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Kenya McLaughlin</u>		TITLE: <u>Petitions Attorney</u>		
SIGNATURE: <u><i>Kenya McLaughlin</i></u>		PHONE: <u>2-3222</u>		
OFFICE: <u>Petitions</u>				

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u><i>CPH</i></u>		DATE: <u>9/28/06</u>		

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